ing) at Columbia University, New York City. Dr. McKee was at the head of the department of chemistry of the University of Maine from 1909 to 1916, leaving this position a year ago to enter commercial chemical work in New York City as head of the research department of the Tennessee Copper Company. While at Maine he initiated and developed the department for the making of pulp and paper, the first of its kind to be established in any college in this country.

THE personnel of the department of geology and mining engineering at Iowa State College, Ames, Ia., is now as follows: Head of department, Dr. S. W. Beyer, who is also dean of the division of engineering, vice A. Marston, now major of the Battalion of Engineers, Iowa National Guard; L. C. Hodson and Dr. S. L. Galpin, associate professors of mining engineering; H. F. Staley, professor of ceramic engineering; Dr. Chas. A. Mann, associate professor of chemical engineering; John E. Smith, assistant professor of geology.

DR. J. E. MARR, University lecturer in geology in Cambridge University, has been elected to the Woodwardian professorship of geology in succession to the late Professor McKenny Hughes.

F. DE QUERVAIN, professor of surgery at the University of Basle, has accepted a call to the medical faculty of Berne as successor to Professor Kocher.

J. JADASSOHN, professor of dermatology at the University of Berne, has been appointed professor in Breslau in succession to Professor Neisser, who died some months ago.

DISCUSSION AND CORRESPONDENCE

AN EXTRAORDINARY RAINFALL RECORD

DURING a recent visit to the Hawaiian Islands, I had occasion to do some collecting on Kauai, the northern island of the group. While there I made a trip to a region of such extraordinary precipitation that it seemed worthy of record.

The island is almost circular in outline, rather less than thirty miles in its greatest diameter. It consists for the most part of a plateau averaging about 3,500–4,000 feet in elevation, but rising to a little over 5,000 feet at Mt. Waialeale, almost in the center of the island.

As in all the Hawaian Islands the windward (NE.) side has a very heavy precipitation, while on the leeward side the rainfall is very light.

The central part of Kauai, culminating in Mt. Waialeale, has the heaviest precipitation of any station in the Hawaiian group, and can be equalled by very few regions anywhere, where rainfall data have been kept. In one year over 600 inches fell, and for the five years—1912–1916—the average was slightly more than 500 inches.

Waialeale is seldom free from rain clouds, and the precipitation is almost incessant. In consequence the whole region near it is a bog, partly covered with a forest of low trees, thickly draped with dripping masses of mosses and liverworts, but a good deal of the region, including the summit of Waialeale, is an open bog, covered with coarse grasses and sedges, with a few stunted shrubs and various characteristic bog plants.

TABLE I

Precipitation at Waialeale, Island of Kauai, Territory of Hawaii

Elevation above sea level 5,075 feet

Year	Rainfall in Inches
1912	399.35
1913	453.00
1914	610.00
1915	590.00
1916	539.70

Precipitation at Waimea Village, Island of Kauai, Territory of Hawaii

Elevation above sea level 10 feet

Year	Rainfall in Inches
1912	20.50
1913	23.58
1914	24.50
1915	13.40
1916	22.05

Distance Waimea to Waialeale (air line) 13.5 miles.

My guide on this expedition was Mr. W. V. Hardy, hydrographer of the United States Geological Survey, who has been keeping records

on Mt. Waialeale for the past six years. I am under great obligation to Mr. Hardy for many kindnesses, and I am indebted to him for the accompanying tables. The second table shows the rainfall data for Waimea, a village on the leeward coast of Kauai.

DOUGLAS H. CAMPBELL
STANFORD UNIVERSITY,
CALIFORNIA

QUOTATIONS

THE ROCKEFELLER HEALTH RESEARCHES[1]

THE third annual report of the Rockefeller Foundation, the International Health Board (known previously as the International Health Commission), deals with the year 1916. The general summary, which precedes the details of different states and countries, shows that in addition to ankylostomiasis, malaria and yellow fever have been dealt with, and this would seem to indicate that the Board is prepared to tackle all tropical disease where the necessity arises. As regards the first of these scourges, ankylostomiasis, it is stated that active measures to control and prevent the disease are now in operation in Kentucky, Louisiana, Mississippi, North and South Carolina, Tennessee, Texas, and Virginia in the United States; in certain West Indian islands —Antigua, Grenada, St. Lucia, St. Vincent, and Trinidad; in British and Dutch Guiana, Costa Rica, Guatemala, Nicaragua, Panama, Salvador, in South America; and in Ceylon and Siam in the East. Such widespread work, properly controlled as this is, and with no lack of funds to support it, is bound to do good, and, though remarkable results can not be looked for in a few years, nevertheless results will come, all in due time. To ensure this, permanency of the work is essential, as otherwise matters would quickly drift back. The sanitation of many of the small tropical towns and villages at the present day is very similar to that which existed in England a hundred years ago, and only time and much labor will bring them into line with modern sanitary ideas. As many tropical maladies are insect-borne, study of the habits of the insects concerned is essential, and engineering works, large and small, may be required to abolish their different breeding grounds. The importance of collective investigation and organized campaigns in such a task is manifest, and it is here that the great value of the efforts of the International Health Board lies. The report describes fully the means adopted in the fight against ankylostomiasis. Of great interest also is the work of the commission appointed by the board to inquire into the problem of yellow fever centers in South America. The report states that the only endemic center of the disease in South America at present is Guayaquil, Ecuador, though certain sections of Colombia, Venezuela, and the adjacent West Indian Islands are also under suspicion and require close observation. The eradication of the disease, with this knowledge as a guide, is feasible. The report suggests that Mexico and West Africa should similarly be examined. Experiments upon the control of malaria have also been commenced, and these will be extended in due course. Further, a new school of hygiene and public health has been established in Baltimore by the Rockefeller Foundation in connection with the Johns Hopkins University, and is to be opened this month with Dr. William H. Welch as director. Three main purposes will be served by the new school: first, to furnish trained men on whom the board may draw; secondly, to serve as a training center to which students from other countries may be sent for instruction; and, thirdly, to provide a laboratory for solving scientific problems which arise. This Rockefeller Foundation is a splendid conception. Untrammelled by questions of expense, its activities are unlimited, and the benefits it can and will bestow upon mankind in the tropics are inestimable. It is a dream the original workers in tropical medicine often dreamed, and it has come true. Finally, a word of congratulation is due to Dr. Wickliffe Rose, its able director-general, for the work he has already accomplished. Long may he continue to direct its energies.—*British Medical Journal.*

[1] N. Goormaghtigh, *Arch. méd. Belges,* Paris, 1917. Tome LXX., p. 697.